L23000143392

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



900418862289

FILED
2023 DEC -4 AH 10: 46

123 DEC -4 PM 2:5

A. BUTLER

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE: 12/4/2023

850-245-6051

PRIORITY . Regular Approval

OUR REF # (Order ID#) 1209844

ORDER ENTITY

KSINV LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

KSINV LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 4, 2023 Page 1 of 1

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	KSINV LLC					
	·	Name of Limited Lia	ability Company			
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered (Office Change and f	ee(s) are submitted for filing.			
Please r	return all correspondence concerning	g this matter to the fo	ollowing:			
Sapphire	e Marquez					
	Name of Person		_			
SunDoc	Filings					
	Firm/Company		_			
7801 Fo	lsom Blvd Ste 202					
	Address		_			
Sacrame	ento CA 95826					
	City/State and Zip Cod	le	_			
katherin	eschroeter@gmail.com					
E-	mail address: (to be used for future	annual report notific	cation)			
For furt	her information concerning this mat	ter, please call:				
Katheria	ne Schroeter	941 at (4481181			
	Name of Person	\	Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ing amount:				
	■ \$25 Filing Fee	□ \$5:	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ame of the limited liability company: KSINV LLC							
2. (a)	1421 N LAKE SHORE DR	, ,			LAKE SHORE DR			
. (,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(*/_		Mailing addres (Note: M.4			
	SARASOTA, FL 34231	_	- -	SARASOT	ΓΑ, FL 3423	l ————		.,
	03/29/2023		L.2	30001433	392			
.	Date of filing/registration in Florida	- 4.	_		Document	number		
5. (a)	SUNDOC FILINGS INCORPORATED							
, (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3458 LAKESHORE DRIVE							
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	SS)		_		2	
	TALLAHASSEE FL	32312			_	5	2023 DEC -4	77
(b) j	United Agent Group Inc.	_			_	.::		A second Consequences
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					, 1"		
	801 US Highway 1						94 :01 HB	The state of the s
	NEW Registered Office Address:					, iri	6	
	North Palm Beach	33408			_			
:hange igent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li limited	ered comp imite Hiab	office and pany, it is ad liability pility con	d the busine s hereby cor y company (ipany.	ss office Hirmed (e of the that the	registered change(s)
/S/	Katherine Schroeter	<u> </u>	itheri	ine Schroe			· F .:	.
l herei provisi pecepti peina f	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr fons of all statutes relative to the proper and complete the obligations of my position as registered agent as pi fledto merely reflect a change in the registered office a motified in writing of this change.	perfori rovidec	nanc l for	re of my a in Chapt	duties, and i ter 605, F.S.	her agre Lam fam Or. if i	e to co iliar w his doc	mply with the ith and cument is
/S/ W	/illiam Huser							
Signatu	re of Registered Agent							